

Case Number:	CM14-0092280		
Date Assigned:	07/25/2014	Date of Injury:	05/26/2011
Decision Date:	01/06/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old female with a 5/26/11 injury date. In a 5/20/14 note, the patient complained of low back, buttock, and persistent right lateral hip pain. Objective findings included tenderness over the greater trochanter and antalgic gait. The provider recommended abductor tendon exploration, repair, and bursectomy. Diagnostic impression: right hip trochanteric bursitis. Treatment to date: hip injection. A UR decision on 6/9/14 denied the requests for exploration and repair of right hip abductor tendon, bursectomy, and IT band fasciectomy because there was no documentation of any conservative treatment. The requests for crutches, walker, and post-op physical therapy were denied because the associated surgical procedures were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Exploration Repair Right Hip Abductor Tendons: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Slawski DP, Howard RF. Surgical management of refractory trochanteric bursitis, Am J Sports Med. January 1997 vol 25 no 1, pages 86-89

Decision rationale: CA MTUS and ODG do not address this issue. In the article by Slawski et al, a single surgeon performed a longitudinal release of the iliotibial (IT) band over the greater trochanter and excision of the bursa in seven hips. All patients previously had no improvement after a minimum of 1 year of non-operative management consisting of nonsteroidal anti-inflammatory medication, iliotibial band stretching, diathermy, ultra sound, and injections of local anesthetics combined with corticosteroids. All patients were satisfied with the surgical results and had returned to unrestricted vocational and athletic activities. However, there was very little documentation submitted with this case. There was a single clinical note from 5/20/14 that did not mention any previous conservative treatment. There was a single page from a procedure note (date unknown) where it is clear that a trochanteric bursal steroid injection was performed. It is not known how many hip injections have been performed and what their results were. It is unclear if the patient has tried physical therapy, IT band stretching, NSAID medication, diathermy, or ultrasound. Although the patient may be a candidate for the proposed surgery, there is a lack of supportive documentation. Therefore, the request for exploration repair right hip abductor tendons is not medically necessary.

IT Band Fasciotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Slawski DP, Howard RF. Surgical management of refractory trochanteric bursitis, Am J Sports Med. January 1997 vol 25 no 1, pages 86-89.

Decision rationale: CA MTUS and ODG do not address this issue. In the article by Slawski et al, a single surgeon performed a longitudinal release of the iliotibial (IT) band over the greater trochanter and excision of the bursa in seven hips. All patients previously had no improvement after a minimum of 1 year of non-operative management consisting of nonsteroidal anti-inflammatory medication, iliotibial band stretching, diathermy, ultra sound, and injections of local anesthetics combined with corticosteroids. All patients were satisfied with the surgical results and had returned to unrestricted vocational and athletic activities. However, there was very little documentation submitted with this case. There was a single clinical note from 5/20/14 that did not mention any previous conservative treatment. There was a single page from a procedure note (date unknown) where it is clear that a trochanteric bursal steroid injection was performed. It is not known how many hip injections have been performed and what their results were. It is unclear if the patient has tried physical therapy, IT band stretching, NSAID medication, diathermy, or ultrasound. Although the patient may be a candidate for the proposed surgery, there is a lack of supportive documentation. Therefore, the request for IT band fasciectomy is not medically necessary.

Bursectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Slawski DP, Howard RF. Surgical management of refractory trochanteric bursitis, Am J Sports Med. January 1997 vol 25 no 1, pages 86-89.

Decision rationale: CA MTUS and ODG do not address this issue. In the article by Slawski et al, a single surgeon performed a longitudinal release of the iliotibial (IT) band over the greater trochanter and excision of the bursa in seven hips. All patients previously had no improvement after a minimum of 1 year of non-operative management consisting of nonsteroidal anti-inflammatory medication, iliotibial band stretching, diathermy, ultra sound, and injections of local anesthetics combined with corticosteroids. All patients were satisfied with the surgical results and had returned to unrestricted vocational and athletic activities. However, there was very little documentation submitted with this case. There was a single clinical note from 5/20/14 that did not mention any previous conservative treatment. There was a single page from a procedure note (date unknown) where it is clear that a trochanteric bursal steroid injection was performed. It is not known how many hip injections have been performed and what their results were. It is unclear if the patient has tried physical therapy, IT band stretching, NSAID medication, diathermy, or ultrasound. Although the patient may be a candidate for the proposed surgery, there is a lack of supportive documentation. Therefore, the request for bursectomy is not medically necessary.

Crutches: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Chapter, Walking aids.

Decision rationale: CA MTUS does not address this issue. ODG states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. Although the associated surgical procedures were not certified, there was antalgic gait on physical exam. Therefore, the request for crutches is medically necessary.

Walker: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Chapter, Walking aids.

Decision rationale: CA MTUS does not address this issue. ODG states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. Although the associated surgical procedures were not certified, there was antalgic gait on physical exam. Therefore, the request for walker is medically necessary.

Postoperative Physical Therapy two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvis Chapter--Physical medicine treatment.

Decision rationale: CA MTUS does not address this issue. ODG supports 18 physical therapy sessions over 12 weeks after the surgical treatment of hip osteoarthritis and allied disorders. However, the associated surgical procedures were not certified, and the request was specifically for post-operative therapy. Therefore, the request for Postoperative Physical Therapy two (2) times a week for six (6) weeks is not medically necessary.